

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

87/831150

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/			/			51					
2		/		/			52					
3		/		/			53					
4	/			/			54					
5	/			/			55					
6	/			/			56					
7	/			/			57					
8	/			/			58					
9	/			/			59					
10	/			/			60					
11	/			/			61					
12	/			/			62					
13	/			/			63					
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35				/			85					
36				/			86					
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42				/			92					
43				/			93					
44				/			94					
45				/			95					
46				/			96					
47				/			97					
48				/			98					
49				/			99					
50				/			100					
TOTAL IND.	/		/	/								
TOTAL DEP.	16	↓	21	↓								
TOTAL CLAIMS	17		22									